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APPLICANTS

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**** CONTINUING DATA ******* *YTT*

This appln claims benefit of 60/235,457 09/26/2000
 and claims benefit of 60/235,454 09/26/2000
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**** FOREIGN APPLICATIONS ******* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 10/23/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>YTT</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 1
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TITLE
 Delivery system for post-operative power adjustment of adjustable lens

FILING FEE RECEIVED 528	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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